

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report February 5, 2018

Auditor Information

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Telephone: 808-587-1415	Date of Facility Visit: 05/22/17 to 05/26/17

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
California Department of Corrections and Rehabilitation		State of California	
Physical Address: 1515 "S" Street		City, State, Zip: Sacramento, CA 95811	
Mailing Address: P.O. Box 942883		City, State, Zip: Sacramento, CA 94283	
Telephone: 916-985-2561		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.			
Agency Website with PREA Information: https://www.cdcr.ca.gov/PREA/			

Agency Chief Executive Officer

Name: Scott Kernan	Title: CDCR Secretary
Email: scott.kernan@cdcr.ca.gov	Telephone: 916-445-7688

Agency-Wide PREA Coordinator

Name: Shannon Stark	Title: Captain
Email: shannon.stark@cdcr.ca.gov	Telephone: 916-445-6688

PREA Coordinator Reports to: Brian Duffey, Associate Director, Reception Centers Mission		Number of Compliance Managers who report to the PREA Coordinator 36	
Facility Information			
Name of Facility: California Rehabilitation Center			
Physical Address: 5th and Western, Norco, CA 92860			
Mailing Address (if different than above):			
Telephone Number: 951-737-23683			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.			
Facility Website with PREA Information: : https://www.cdcr.ca.gov/PREA/			
Warden/Superintendent			
Name: Cynthia Y. Tampkins		Title: Warden	
Email: Cynthia.tampkins@cdcr.ca.gov		Telephone: 951-737-2683 Ext. 2950	
Facility PREA Compliance Manager			
Name: Felix Figueroa		Title: Captain	
Email: felix.figueroa@cdcr.ca.gov		Telephone: 951-737-2683 Ext. 5327	
Facility Health Service Administrator			
Name: Kerry Oglesby		Title: Chief Executive Officer	
Email: Kerry.oglesby@cdcr.ca.gov		Telephone: 951-737-2683 Ext. 2928	
Facility Characteristics			
Designated Facility Capacity: 3456		Current Population of Facility: 2722	
Number of inmates admitted to facility during the past 12 months			2118
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2118
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2118

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			463
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 18-72 years	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			2 years 8 months
Facility security level/inmate custody levels:			Level II & III Overrides
Number of staff currently employed by the facility who may have contact with inmates:			1173
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			58
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			17
Physical Plant			
Number of Buildings: 94		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		44	
Number of Open Bay/Dorm Housing Units:		44	
Number of Segregation Cells (Administrative and Disciplinary):		0	
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>California Rehabilitation Center has limited electronic monitoring technology. Facility A Stairwell and hall area are monitored electronically. There is a secured computer room where supervisors may check monitors and recording capability of up to 120-day retention.</p>			
Medical			
Type of Medical Facility:		Outpatient Housing Unit, non-accredited, Central Health and Dental.	
Forensic sexual assault medical exams are conducted at:		Riverside University Health Systems, Moreno Valley, CA.	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			908
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			8

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Department of Justice (DOJ) PREA audit was conducted at the California Rehabilitation Center (CRC) on May 22, 2017 to May 26, 2017. Cheyenne Evans was the certified DOJ PREA auditor and the support staff consisted of Gail Mirkovich and Marie Ahuna, hereafter referred to as the PREA Audit Team. CRC is located in Norco County, California.

Prior to the onsite audit a posting of the DOJ Auditor's contact information was distributed throughout CRC and posted at least six (6) weeks prior. The posting was confirmed by the California PREA Coordinator and was verified during the walkthrough during the onsite audit.

CRC's Pre-Audit Questionnaire (PAQ) and documents was received on a disk sent priority overnight mail with FedEx approximately one month prior to the onsite audit. The PAQ and documents submitted was reviewed, several PREA Standards documentation indicated that it would be provided onsite. Documentation that was provided for reviews while onsite included, inmate rosters, watch schedules, PREA Investigations, medical file documents for follow ups made by medical and mental health providers for inmates that reported sexual abuse and or harassment and any pertinent documentation requested by the PREA Audit Team.

Riverside RCC is the designated Rape Crisis Center. A telephone interview was conducted with SANE / SAFE and Advocate personnel prior to the onsite audit.

A tentative schedule was provided to CRC's Administration, PREA Compliance Manager and state wide PREA Coordinator approximately one week prior to the audit teams arrival at CRC. During the onsite audit slight modification to the agenda did occur. The facility tour took the first full day as the size was bigger than expected. The PREA audit team was able to interview both the correctional staff and inmates. Custody staff hours were three 8 hour rotating shifts, 0600-1400, 1400-2200 and 2200-0600 hours. Other non-custody staffing report at normal business hours, which is staggered in between the watches.

This audit was conducted prior to the PREA Auditor Handbook effective September 28, 2017. After reorganizing the interviews that were conducted to comply with the PREA Auditor Handbook guidelines, the following list compares the required category/numbers of interviews versus the actual category/numbers of interviews conducted for the inmate population size of CRC. Though the PREA Audit team was unable to reach all target minimum requirements for interviews there were significantly enough random interviews to compensate for the shortfall. The PREA Auditor did not receive any letters based on the posting nor were there any notes or requests to speak with the audit team while onsite. CRC's PAQ and the PREA Audit Team's on-site review substantiated that there were no identified transgender or intersex inmates present at CRC. The PREA Audit Team did not identify any inmate with characteristics that would be perceived as transgender or intersex at CRC during the onsite audit. The PREA Audit team randomly chose a diverse sample of inmates by interviewing one or more inmates in every housing unit and section.

Required Inmate Interviews		PREA Audit Team Interviews
Random Inmate Interviews:	25	80
Targeted Inmate Interviews:	25	14

Breakdown of Required Targeted Inmate Interviews:

Youthful Inmates:	4	None, Adults only
Inmates with a Physical Disability	1	1
Inmates who are Blind, Deaf, or Hard Of Hearing:	1	2
Inmates who are LEP:	1	1
Inmates with a Cognitive Disability:	2	1
Inmates who identify as Lesbian, Gay Or Bisexual:	3	6
Inmates who identify as Transgender Or Intersex:	4	0
*Inmates in Segregated Housing for High Risk of Sexual Victimization:	2	0
Inmates Who Reported Sexual Abuse:	4	3
Inmates Who Reported Sexual Victimization during Risk Screening:	3	0

*CRC does not have segregation housing only temporary holding for transfer.

CDCR / CRC did not have an objective PREA screening tool but has an Initial Housing Review assessment that can identify offenders at high risk for sexual victimization as described in their Departmental Operations Manual (DOM). CDCR / CRC was placed on corrective action for §115.41.

The following lists compares the required staff, agency level staff, volunteer and contractor interviews mandated by the PREA Auditor Handbook (effective September 2017) and the actual interviews conducted by the PREA Audit Team. Every staff member and volunteer / contractor serves in more than one role. All employees are mandated reporters and most are first responders as such most interviews conducted included multiple interview questionnaires. Random interviews were conducted on the three (8) hour rotating shifts.

Required Staff Interviews		PREA Audit Team Interviews
Random Staff Interviews:	12	15
Specialized and Agency Level Staff:	20	*62

*Staff, volunteers and contractors that have inmate contact were asked 1st Responder interview protocol in addition to the interview that they were initially identified for therefore double counting of staff did occur.

Breakdown of Specialized and Agency Level Staff Interviews:

Agency Contract Administrator:	1	1
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Intermediate to higher level staff:	1	5
Staff who supervise youthful inmates:	1	None, Adults only
Education & Program staff that work with Youthful inmates:	1	None, Adults only
Medical and Mental Health staff:	1	5
Non-medical staff involved in cross gender strip or visual searches:	1	None, no incidents occurred
Administrative Human Resource:	1	1
SAFE and SANE Staff/Victim Advocate:	1	1, Riverside RCC
Volunteers and Contractors:	1	3
Investigative Staff:	1	1
Staff who perform screening for risk of Victimization and Abusiveness:	1	3
Staff who supervise inmates in Segregated housing:	1	None, CRC does not have a segregation Unit.
Staff on the sexual abuse incident Review team:	1	1
Designated staff member charged with Monitoring retaliation:	1	1
First Responders, both security and Non-security staff:	1	35
Intake staff:	1	1
Agency head or designee:	1	1
Warden or designee:	1	1
PREA Coordinator:	1	1
PREA Compliance Manager:	1	1

Monday, May 22, 2017 at 0815 hours started the first day of the onsite audit. A “meet and greet” was conducted with key administrators, CRC’s facility PREA Compliance Manager (PCM), and the California PREA Coordinator and support team from Sacramento. The purpose of the meeting was to introduce our team and convey the expectations for the PREA audit and go over the tentative schedule for the week. Following the initial meeting the PREA Audit Team along with assigned escorts toured the 94 acres or about 4,094,640 square feet of CRC. Facilities A, B, C and D housing / living units, medical and mental health, CRC Fire House, Norco Conservation Camp, Receiving and Release (Intake), kitchen and dining areas, Medical, Dental, Canteen, Laundry, Library, Administrative Staff Offices, Warehouse, Plant Operations and repair shops, Chapel, Education classrooms and the Boiler House, gym / recreational areas, and all outlying areas that inmates have access to with or without escort were toured. Due to the size of the facility and how facilities A, B, C, and D are spread throughout CRC the PREA Audit Team utilized the full day for touring and observation of practices.

During the tour there were several areas of concern with blind spots and posting of PREA information. Blind spots were present in the supply warehouse, Facility B building 214 living unit, Facility D Education door and some housing dorm room lockers was blocking the inmate sleeping area. These concerns were immediately addressed and corrected by the CRC PCM and his support staff. The dorm rooms were rearranged to eliminate those blind spots, mirrors were placed in the supply warehouse, Facility B living unit building 214. Photos of correction was submitted prior to the end of the onsite audit.

HFM Health Care Facility Maintenance is a contractor service provider, a cleaning service for medical unit areas and utilizes inmate work line. The first contractor that was interviewed knew minimal information about PREA. This was brought up to the

PCM. The contractor interviewed and all contractors for HFM that is authorized on CRC property were given a refresher PREA training while on site, proof of training was provided and cursory knowledge check was conducted by the PREA Audit Team.

While touring, the PREA Audit Team observed inmates wearing florescent colored vests, these vests identified disabled inmates with their disability label to assist in identification purposes and were interviewed. Limited English proficient (LEP) inmates were noticeable and were also interviewed. These inmates relayed that they were given PREA materials and education that they could understand by hearing the video, reading closed caption subtitles and those that identified to be limited English proficient relayed that authorized staff interpreted PREA information for them and how they can report and materials were written in Spanish.

PREA informational posters were posted in English and Spanish in housing units and common areas. Culinary did not have PREA information posted, the PCM had gotten posters put up immediately. The PREA Audit Team was informed that CRC has services with Life Signs and Interpreters Unlimited for anyone needing their services. These informational signs were visible for the inmate population.

Condoms in dispensers were observed in housing units near the officer stations, in common areas as in the gym and yard bathroom. I inquired with the PCM and PREA Coordinator about the condoms. Their response was that the state of California passed a law, Assembly Bill 966 also known as the Prisoner Protections for Family and Community Health Act. This law requires the California's Department of Corrections and Rehabilitation to make condoms available to inmates in all of its 34 state prisons. The state still prohibits sexual acts with any person while in confinement and maintains that consensual sexual activity is still illegal according to the California penal code.

During the tour of the housing units, it was observed that opposite gender announcements are consistent as they were being made when entering the area and the log books confirmed previous and current practice.

On Day two, Tuesday, May 23, 2017, the PREA Audit Team split throughout CRC and conducted interviews with inmates and staff. Selection of inmates were made by housing rosters and staff who was present in the area were randomly picked unless they qualified for the specialized staff interviews. The DOJ PREA Auditor did not receive any letters from inmates and staff from CRC. While selecting inmates for targeted interviews there were no inmates that had disclosed or reported sexual abuse or victimization during screening at CRC within the review period.

CDCR and CRC does not have an objective PREA screening tool. The inmates are asked limited PREA screening questions during their initial housing reviews, which is in the Electronic Records Management System (ERMS). Following the initial housing review CRC indicated that the inmate will be seen before the Classification Committee (CC) within 10-14 days of their admission / transfer, where they receive within 30 days their review amongst other reasons to include program and further housing decisions.

During inmate interviews some stated that they were confused when seeing condom dispensers and had impressions that sexual activity is condoned at CRC. The information that the PREA Audit Team received from the PCM and PREA Coordinator was relayed to these inmates they had a better understanding of the purpose. I recommended that the purpose of the condoms be reiterated to the population to stop confusion.

The PREA Audit Team came across CRC's Men's Advisory Council (MAC). CRC has established and placed MAC Representatives throughout the facility. This council is covered by CDCR California Rules and Regulations Title 15 section 3230. The purpose is to establish an inmate advisory council that acts as a representative of that area's ethnic group which is responsible for effective communication between the inmates, staff and Warden in matters of common interests and concerns. Council members meet monthly with the Warden or designee to bring up those concerns and matters and propose resolutions. Emergency and PREA issues may be brought to the attention of staff members at any time and does not have to

go through the MAC. There are procedures on how the representatives are picked and voted in by the inmates, they follow a set of rules to assure fairness, integrity and proper staff supervision.

On Day three, Wednesday, May 24, 2017, the PREA Audit Team split up throughout CRC and continued interviews with inmates and staff. Due to various responsibilities to the staff's main responsibilities they were questioned on multiple questionnaires. Interviews with custody staff members included those assigned to all three rotating shifts.

On Day four, Thursday, May 25, 2017, the PREA Audit Team split up throughout CRC and continued to conduct interviews and file reviews were conducted on staff, volunteer and contractor training records, CRC PREA investigations located in the Investigative Services Unit (ISU), CRC inmate medical records, and human resource (personnel) files. Training file reviews showed that majority of the staff and volunteers / contractors were trained on PREA. The individuals who missed training were on extended leave such as medical leave, family leave, vacation and military leave.

CRC had approximately (6) investigative PREA files that were in the last 12-month period, all (6) files was reviewed. The investigative files contained reports of allegation, investigation, monitoring and referrals for medical and mental health follow up, applicable sexual assault incident review and notifications to inmates. When the cases are referred the ISU is responsible for completing the Survey of Sexual Victimization (SSV) Incident Reporting Form and is also responsible for reporting PREA statistics to the PCM and PREA Coordinator. Although medical referrals were done through the ISU investigator when the PREA Audit Team reviewed electronic medical files it was identified that there was no verification documentation of the mandated follow up meeting with the inmate. Confirmation on protocols and processes for the Sexual Abuse Review team was verified through the documentation in the investigative file and interviews with the review team members.

On Day five, Friday, May 26, 2017, the PREA Audit Team met with the CRC PCM and PREA Coordinator at the Norco Conservation Camp which is located just outside of CRC's perimeter fence line on the way to the main entrance. The camp was toured and an interview with the CAL Fire Captain (contractor) was conducted. Inmates are not housed here, but they work at the camp and are able to shower at the camp. A blind spot in the camp shower was found and was corrected by placing mirrors in strategic places where it eliminated those blind spots and allowed for sufficient privacy for the inmate. Photos of the corrective action was emailed to the DOJ PREA Auditor after the onsite audit.

Throughout the onsite audit the PREA Audit team observed consistent announcements of the opposite gender notification, when entering housing or living units. The unannounced rounds by intermediate and higher-level supervisors were also verified by reviewing log books and interviews with staff. Supervisors were also observed conducting these rounds during the audit. Other rounds by custody staff and supervisors were also observed being completed areas such as the inmate and staff barber shops aside of the housing / living units.

A debrief with key administrators and staff was conducted with a summary of the preliminary findings relating to the PREA Standards being discussed. CRC staff exhibited professionalism, ensured an open and safe environment, were very cooperative and willing to go beyond what is needed to accomplish the goals set forth for the PREA audit. CDCR and CRC has started to work with the auditor on areas identified in the preliminary discussion that required corrective action prior to the draft Interim Report.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

In 1924, the Norconian Hotel was built on approximately 900 acres that included a lake, Olympic pools, a ballroom, pavilions, a golf course and other amenities that would service Hollywood stars. In 1941, the United States Navy bought the property and used it as a naval hospital and a weapons assessment center. In 1957, only the hospital was closed and in 1962, the Federal Government donated 94 acres to the State of California to house narcotics offenders. A fence separates the Naval Surface Warfare Center from California Rehabilitation Center (CRC). Some of the Resort remains to this day and is listed on the National Register of Historic Places. The Resort has been fenced off and sits within the perimeter of CRC. This resort was used to house the facilities administration and served as a gathering area for staff and their dining, prior to the building being condemned.

CRC has approximately 94 acres, 4,094,640 square feet and the population is made up of adult male offenders. CRC is comprised of four facilities with a population of 2722 and a capacity of 3456 level I and II offenders with a medium custody prison with (4) facilities within their perimeter fence line. CRC is located in the city of Norco in Riverside County, California.

CRC does not have a segregation unit, inmates needing segregation whether by the inmate's own choice or because of behavioral issues are held in single cage cells pending reviews prior to transfer. These transfer normally are facilitated the same day or the next day.

CRC has a dedicated Investigative Services Unit (ISU) comprised of specialized investigators that monitor and investigate all suspicious activities within CRC to include Strategic Threat Groups (STG), narcotics, contraband, and PREA. ISU staff are proficient in crime scene preservation and processing, evidence collection and conduct comprehensive investigation involving felony activities. ISU also utilizes a K-9 Unit, which is comprised of one officer and one canine. The basics of this unit is to train methods utilized by inmates to smuggle contraband into the prison and detect narcotics, cellular phones and other dangerous contraband in CRC.

The CRC medical and mental health team has a 24/7 on call program that provides continuous, preventive and comprehensive care for various medical and mental health issues. CRC has sufficient staffing of physicians / surgeons, psychiatrists, and certified nurses to ensure healthcare needs are met. Other departments as in radiology, physical rehab, dental clinics, services for transgender inmates, urology, neurology, orthopedics, thoracic general surgery services are available to inmates at CRC. The medical unit has an outpatient housing and treatment unit that provides intensive outpatient urgent health care. The medical unit has (2) bays that holds (10) beds.

CRC provides correctional custody personnel to Patton State Hospital (PSH) for transportation services and security for medical guarding for more intensive care not available at CRC. They also provide security to three (3) men's community re-entry programs in Los Angeles County such as Fire Suppression, Conservation, and community service

Inmate programs that CRC provides are:

Adult Basic Education, General Education Development, Associate of Arts Degree and business certifications, Carpentry, HVAC, Plumbing, Automotive and Electrical trades, Alcoholics and Narcotics Anonymous, Veterans Support Group, Urban Ministry Institute, Criminal Gang Members Anonymous, Anger management. Arts in confinement: Visual Arts, Storytelling, Hip Hop Dance, Theater, Printmaking. Prison Education Project that provides life skills, career development and cognitive tools to function upon release. Religious programs with five full time Chaplains that facilitate faith groups, multi faith chapel services in two chapels one located in the main general population yard and one in the special needs yard. Service Dog

Program (SDP) where inmates train and prepare service dogs for disabled individuals in the community, while acquiring vocational training experience and skills. Advanced academic programs such as college courses and Substance Use Disorder Treatment (SUDT) are offered.

Aside from normal programs and trade education CDCR / CRC has a fire department and conservation camp (CAL FIRE) located on and adjacent to their grounds. They are responsible for the institution's hazard communication program and provides fire and life safety training to CRC staff. In addition, this provides additional vocational skills to inmates by training to be certified in firefighting and hazardous materials. After successfully completing the training program, inmates are placed in fire crews that deal with fire prevention and suppression for CRC, Norco and Riverside County.

Housing / Living Unit characteristic and descriptions:

Facility A is a seven-story, cement structure which houses level II, general population (GP) inmates in 11 dorm style units with bunk beds and a capacity of up to 558 inmates. Facility A is located within its own fence line and has Correctional Counselors (CCI & CC II), a Substance Use Disorder Treatment (SUDT) that provides rehabilitation programming and services, medical services and its own kitchen that serves their population.

Facility B has a capacity to house up to 750 level II, GP inmates and has 14 dorm style housing units with bunk beds that share a long corridor that goes to CRC's main kitchen, health care, yard, education, canteen and library. Facility B has a newly built dorm, 214 and is used to house most of the SUDT program outpatient inmates.

Facility C is the only unit that houses level I and II GP inmates with a capacity of 723 inmates in (11) dorm style housing units with bunk beds. Two (2) of the living units are separated by its own secured fence, these two (2) living units house the level I inmates who are assigned to off facility work detail at the Norco Fire Camp / Cal Fire and Cal Trans. The Cal Fire has 5 crews with 14 inmates and the remaining inmates work with Cal Trans that is responsible for maintaining the cleanliness of the highways and freeways. Facility C also has a GP college dorm where inmates are required to be free of misconducts and enroll in two (2) classes maintaining a 2.0 GPA and above. Inmates in TUMI Seminary Bible College are also housed here.

Facility D is designated as CRC's Special Needs Yard (SNY). There is two (2) two-story concrete buildings and two (2) one-story stand-alone modular buildings. The SNY yard houses level II inmates with a capacity of 400 inmates. This facility is self-contained and has no contact with any inmates housed in any of the other facilities to include having their own nursing and medical clinic, education, library, chapel, kitchen and dining, laundry, recreation yard and SUDT program. Offenders must have a medical / mental health referral in order to be housed at Facility D.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Number of Standards Met: 43

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Standard 115.41, Screening for risk of victimization and abusiveness: This standard was identified for corrective action. CDCR and CRC did not utilize an objective PREA Screening Instrument. Agency policy 54040.6, Initial Housing Review are done upon admission and transfer but does not address all concerns and variables of this standard. Questions are limited. The non-compliance with this standard impacted the compliance with standards 115.42 and 115.81.

Standard 115.42, Use of screening information: This standard was identified for corrective action in connection with the non-compliance of standard 115.41. CDCR and CRC utilized the initial housing review and classification committee for inmate placement into programs and housing, this did not address all sections of this standard as questions were limited and does not utilize information from a risk screening.

Standard 115.81, Medical and mental health screenings; history of sexual abuse: This standard was identified for corrective action in connection with the non-compliance on standard 115.41. The process of the initial housing review and classification committee did not address all PREA concerns that would have in an objective screening instrument. The initial housing reviews were basically for housing purposes and initial security safety concerns. During the onsite reviews there was no follow up meetings with a medical or mental health practitioner within 14 days of a risk screening identified in standard 115.41.

Standard 115.83, ongoing medical and mental health care for sexual abuse victims and abusers, letter (h): All prisons shall attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This standard and letter was identified for corrective action. DOM section 54040.10, Mental Health Responsibilities deals with victim care and evaluations. There is no mention of care and evaluation for abusers. Referrals for abusers would be made if there are concerns about the inmate's mental stability and if there is a demonstration of sexually inappropriate behavior according to the exhibitionism policy. Unable to verify knowledge and practice of letter (h), under this standard practice could be verified. During interviews and record reviews it was found that knowledge of the standard for victim follow up was evident and explanation of process was correct though follow up for inmate abuser was not documented and the practice could not be verified.

CDCR and CRC utilized the full 180-day corrective action period to have a process and program approved by the agency along with collective bargaining units, develop the system and programs, identify responsibilities of staff and supervisors, training, and implementation. All necessary implementation and practice has been achieved and detailed in the relevant standard sections.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-CDCR has a written policy dictating a zero tolerance for sexual violence. The Department Operations Manual (DOM) Article 44 section 54040.1 (7/1/15) states that; CDCR shall maintain a zero tolerance for sexual violence, staff sexual misconduct and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction. All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited. This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation cap, or parole.

DOM Section 54040.2 covers the purpose of this PREA policy and providing guidelines for the prevention, detection, response, investigation, and tracking of sexual violence, staff sexual misconduct and sexual harassment against CDCR offenders. The Policy also informs staff of their responsibility and liability as specified in the law.

(b)-The agency employs an upper-level, agency-wide PREA Coordinator, whose position functions as a Captain under the direct supervision of Mission Correctional Administrator. The position has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities (housing units).

(c)-CDCR and CRC has designated a Correctional Captain as the facility PREA Compliance Manager (PCM). The position has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

CDCR and CRC has shown that there is a zero-tolerance policy for sexual abuse and harassment, has designated a PREA Coordinator and a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. Interviews with staff and inmates confirmed their knowledge and practice of the zero-tolerance policy therefore the agency and facility has complied with all sections of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR memorandum dated October 15, 2016 from CDCR Department PREA Coordinator states that the agency contracts for the confinement of some of its population. The Contract Beds Unit (CBU) oversees all contracts for California Inmates that are placed in contracted beds. CBU maintains, provides oversight, and monitors all of these contracts. CDCR has contracts with Corrections Corporation of America (Core Civic) and The GEO Group, Incorporated.

CDCR, DOM Article 13-Contracts states that the Contracts Management Branch (CMB) shall administer all contracts through execution into by the Department in a manner which ensures compliance with applicable laws, rules, and regulations of the department. CDCR Bid/Agreement special terms and condition states, CDCR maintains a zero tolerance for sexual misconduct in its institutions, community correctional facilities, conservation camps and for all offenders under its jurisdiction. All sexual misconduct is strictly prohibited. CDCR is committed to providing a safe, humane, secure environment, free from sexual misconduct. This will be accomplished by maintaining a program to ensure education/prevention, detection, response, investigation and tracking of sexual misconduct and to address successful community re-entry of the victim. All Contractors and their employees are expected to ensure compliance with this policy as described in Department Operations Manual, Chapter 5, Article 44. If you are providing services for the confinement of our inmates, you and your staff are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy.

Entities providing services for the confinement of CDCR inmates are required to adopt and comply with the PREA standards, 28 Code of Federal Regulations (CFR) Part 115 and with CDCR's Department Operations Manual, Chapter 5, Article 44, including updates to this policy. This will include CDCR staff and outside audit personnel (who also conduct PREA audits of state prisons) to access and conduct audits to ensure compliance with the PREA standards. CDCR DOM states, as a Contractor with CDCR, you shall not assign an employee to a CDCR facility or assign an employee to duties, if that employee will have contact with CDCR inmates, if that employee has 1) engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) has been civilly or administratively adjudicated to have engaged in the activity described in this section. The Contractor shall conduct criminal background records check for each contract employee, who will have contact with CDCR inmates and retain the results for audit purposes. By signing the contract, the Contractor agrees to ensure that all of the mandates of Section 5: Prison Rape Elimination Policy are complied with. Material omissions, by the contract employee, regarding such misconduct or the provision of materially false information, shall be grounds for removal from institutional grounds. Contract employees, who have contact with inmates, shall be provided training via the Exhibit titled; "PRISON RAPE ELIMINATION POLICY, Volunteer/Contractor Informational Sheet" to learn their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A copy of this signed informational sheet will be provided to the institution before a contract employee may have contact with inmates. Any contract employee who appears to have engaged in sexual misconduct of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation. Referral shall be made to the District Attorney unless the activity was clearly not criminal. Reportable information shall be sent to relevant licensing bodies.

Based on the documentation submitted for review and interviews conducted with Human Resource Representatives it was shown that CDCR and CRC have a sound process and practice when complying with sections in this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and

unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDRC has developed, documented and made its "best efforts" to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers the factors identified in section (a) items 1-11. CRC staffing plan was reviewed and has complied with section (a) requirements.

(b)-According to inter-office memorandum dated October 15, 2016 by the CDCR PREA Coordinator, CRC captures any deviation from the staffing plan through the Telestaff Program and Daily Activities Report and submitted by the Watch Commanders where this program documents and justifies all deviations from the plan.

CRC did not have any deviations in the last (12) months. During interviews with the Warden it was revealed that they have are able to request and fill vacancies should the need arises documentation of such was shown to the auditor.

(c)-DOM section 54040.17.1 states that, whenever necessary, but no less frequently than once each year, in consultation with the PREA Coordinator, the institutional PCM and the Program Support Unit shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources assigned to ensure adherence to the staffing plan. CRC conducts an annual review of staffing plans and has submitted a current review that shows no further action and the staffing plan is sufficient.

Documentation of submitted staffing plans were reviewed and after interviews with the state PREA Coordinator, CRC Warden and PREA Compliance Manager revealed that CRC has complied with this section of this standard.

(d)-DOM section 54040.4 addresses security rounds; A custody supervisor assigned to each facility or unit shall conduct weekly unscheduled security checks to identify and deter sexual violence, staff sexual misconduct and sexual harassment of any kind. These security checks shall be documented in the Unit Log Book in red pen. The Unit Log Book shall indicate the date, time and location the security check was conducted.

During the onsite tour of CRC staff and supervisors were consistent on their unannounced rounds. Review of unit log books showed unannounced round were conducted by supervisors and interviews with random staff and supervisors indicated consistent practice whereas CRC has complied with PREA requirements for this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CRC is an adult prison and does not house youthful inmates or inmates under the age of 18 years. This standard does not apply to CRC.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-DOM section 52050.16.5 unclothed body search of inmates; Correctional personnel, other than qualified medical staff, shall not conduct unclothed body inspections or searches of an inmate of the opposite sex, except in an emergency.

Based on documentation submitted, training information and written policy in conjunction with staff and inmate interviews to include no incidents of cross gender strip searches or visual body cavity searches CRC has met the requirement for this section.

(b)-DOM section 52050.16.4 state that clothed body searches of female inmates shall be conducted by female correctional staff only, except in emergency situations and under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmates.

CRC is a male facility, therefore this section is not applicable.

(c)-DOM section 54040.5 states; institutions shall document all cross-gender strip searches and cross-gender visual body cavity searches in accordance with DOM section 52050.16.5, and shall document all cross-gender pat-down searches of female inmates in accordance with DOM section 52050.16.4 utilizing the Notice of Unusual Occurrence (NOU). Completed NOU forms shall be reviewed by the supervisor and routed to the institutional PCM to retain for audit purposes. If the search is incidental to an emergency or crime that constitutes a CDCR Form 827, Crime Incident Report, the search shall also be documented within the incident report.

CRC is a male facility and did not have any incidents of cross gender strip searches or visual body cavity searches within the audit period. The section referring to female inmates does not apply to CRC.

(d)-CDCR Operations Manual Preventative Measures section 54040.4 states; each institution shall enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite biological sex viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Except in circumstances where there would be an impact to safety & security, modesty screens shall be placed strategically in areas that prevent incidental viewing. In order to minimize cross gender exposure, staff of the opposite biological sex shall announce their presence when entering the housing unit. This announcement is required at the beginning of each shift and/or when the status quo within the housing unit changes.

CRC has achieved compliance with this section of the standard as verified through facility tour and inspection of all housing unit showers and bathrooms, staff and inmate interviews. CRC is proactive in assuring safety and privacy when assessing these areas. When changes are necessary the staff involved are mindful of the goal and efficient in carrying out the task.

Announcements of opposite gender when entering housing units, showers and bathrooms was evident as every area we entered an announcement from staff posted there or escorts for the audit team was made. While checking unit log books it showed opposite gender announcements are in practice.

(e)-CDCR Operations Manual section 52050.16.7 states; In the event that there is an individual going through Receiving and Release who self-identifies as transgender or with a gender that seems not to match their biological sex, the search will be conducted by staff of the same biological sex as the inmate to be searched. In the event that an individual's genital status is ambiguous, the search shall be conducted by a staff member that is the same biological sex as indicated in the inmate's records. If staff are unable to determine the genital status through medical records or an interview with the inmate, the inmate shall be placed on single-cell status or in administrative segregation, for his/her safety, until the standard intake medical evaluation is completed. This standard medical examination will establish the genital status of the inmate.

CDCR / CRC has a policy on this standard though there were no transgender or intersex inmates identified at CRC to interview, staff interviews verified that they possess the knowledge of the process and should an inmate be identified as such they would follow policy, should they need direction they know who to contact.

(f)-DOM sections 52050.16.4-Clothed Body Search of Female Inmates and Section 52050.16.7-Unclothed and Clothed Body Searches of Transgender or Intersex Inmates addresses policy for this standard. CDCR Office of Training and Professional Development has step by step training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, Training and Professional Development, Searches of Inmates and Property, Instructors Guide 4/2015. DOM section 54040.4 states, Employees shall also be trained in how to conduct cross-gender pat-down searches, transgender pat-down searches, and unclothed body cavity searches. When conducting these types of searches, employees shall ensure that these searches are conducted in a professional, respectful manner, and in the least intrusive manner possible consistent with security needs. Searches shall be conducted in accordance with policy, procedure and training as per CCR, Title 15, and Section 3287(b).

Based on training documents, lesson plans and staff interviews it is evident that training on how to conduct cross gender pat down searches, and searches of transgender and intersex inmates in a least intrusive manner but consistent with security needs are prevalent.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)-Through (c)-California Code of Regulations Title 15 defines effective communication as; providing the inmate, to the extent possible, the means to understand and participate in disciplinary process to the best of their ability. This may be accomplished through reasonable accommodation or assignment of a staff assistant. If the inmate's Test of Adult Basic Education (TABE) score is 4.0 or lower, employees are required to query the inmate to determine whether or not assistance is needed to achieve effective communication. The employee is required to document an appropriate CDCR forms his/her determination of whether the inmate appeared to understand, the basis for that determination and how it was made. For contacts involving due process, employees shall give priority to the inmate's primary means of communication, which may include but is not limited to; auxiliary communication aids, sign language interpreter, and bilingual interpreter.

The June 15, 2009 memorandum reminds CDCR staff of procedures to ensure effective communication with Limited English Proficient (LEP) inmates and creates LEP Coordinator as person to manage the process and use of "I Speak" cards that are located in the control booth or officer's station.

CDCR Operation Manual Section 54040.12 states that except in limited circumstances or exigent circumstances, investigators shall not rely solely on inmate interpreters, readers, or other types of inmate assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigations.

During the onsite audit, inmates that identified with physical disabilities as being partially blind or deaf was interviewed and confirmed that tools and aids are present at CRC to assist them with PREA information, education and investigation process. There was no instance of inmate interpreters or readers that was used to assist.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM section 31060.3 addresses 115.17(a/b) by prohibiting the hiring and promoting of anyone, or utilizing the services of any contractor or volunteer, who:

- 1) Has engaged in sexual violence, or staff sexual misconduct of an inmate in a prison jail, lockup, community confinement facility, juvenile facility, or other institution;
- 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- 3) Has been civilly or administratively adjudicated to have engaged in the activity described above;
- 4) Implement and enforce departmental EEO policy, and
- 5) Maintain the highest standards of personnel selection. CDCR Supplemental Application for all CDCR Employees (1951, July 2016) must be completed for any applicant, transfers, and promotional opportunities.

(c) 1-2, CDCR Operation Manual section 31060.16 states that a criminal records check is a requirement for employment with the Department. The process for checks involved using CI&I SSCH, LiveScan finger printing alert system, US INS Form I-9, Physical examination report and CDCR Form 1951, Supplemental Application for all CDCR employees. This process is used for internal and external applicants.

The LiveScan system allows CDCR HR to be alerted 24/7 on relevant background information for staff, contractors, and volunteers. HR staff from both CDCR and CRC confirmed utilizing various screening methods.

(d) CDCR Bid/Agreement states "Security Clearance/Fingerprinting" as one of the special terms and conditions. The State reserves the right to conduct fingerprinting and/or security clearance through the Department of Justice, Bureau of Criminal Identification and Information (BCII), prior to award and at any time during the term of the Agreement, in order to permit Contractor and/or Contractor's employee access to State premises. The State further reserves the right to terminate the Agreement should a threat to security be determined.

It requires that the contractor shall conduct a criminal background records check for each contract employee, who will have contact with CDCR inmates and provide a written certification that it was done. Contract employees, who have contact with inmates, shall be provided training to learn their responsibilities under the agency's sexual abuse and harassment prevention, detection, and response policies and procedures. The practice was verified during interviews with the Human Resource Representative and random samples were submitted for staff, contractors and volunteers.

(e)-California Code of Regulations (CCR), Title 15, section 3411 states; if an employee is arrested or convicted of any violations of law; the employee must promptly notify the institution head or appropriate Director/Assistant Secretary of that fact. Memorandum dated February 26, 2016 for Personnel Identification Card Issuance state procedure for issuance of identification cards. Pre-employment procedures found in DOM 31060.16 for all employees, contractor or volunteers.

(f) to (h) CDCR form 1951, Supplemental Application, requires a background check and PREA misconduct questions for all CDCR employees. CDCR/CRC also uses information from the California Law Enforcement Telecommunications System (CLETS) to access confidential criminal records through the Department of Motor Vehicle or other criminal justice information.

Title 15, section 3401.5 describes employee sexual misconduct and penalties, that all allegations of sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.

CDCR 1951 form requires a certification acknowledgement that "the information provided contains no misrepresentations, omissions or falsification and the answers are true and correct. I understand and agree that if any material facts are discovered which differ from those facts stated by me on my application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service."

Random staff, contractor and volunteer samples were provided to the Auditor for review upon request. Submitted documents and its contents that are in line with their operational manual and practices, interviews with the Human Resources Representative, PCM and PREA Coordinator has verified that CDCR / CRC has sufficient documentation and practice that shows they are in compliance with this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CRC has not designed or acquired any new facility or planned any substantial expansion or modification of existing facilities. CDCR / CRC does take into account that when designing or acquiring any new facility and or substantial expansion or modification for existing facilities consider the effect of the design to protect inmates from sexual abuse. A copy of a design change request that was submitted in January of 2017 was supplied to the auditor which showed compliance and consideration to this standard when requesting for upgrades or changes.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) - (b) CRC utilizes Locally Designated Investigators (LDI) and other designated institutional staff who have been trained to conduct investigations into allegations of sexual violence and/or staff misconduct. The ISU are the staff responsible for conducting such investigations. According to DOM, chapter 5, page 474 and 475, Crime Scene Preservation, Evidence and section 54040.9 Forensic Medical Examination, the designated supervisor and investigators follow a uniform evidence protocol and procedure when conducting sexual abuse investigations. The process addresses assault examinations appropriate for adult/adolescent and child/adolescent.

(c) to (e)-According to CDCR Health Care Services Policy, Chapter 10 and supplemental DOM, Article 44, section 54040.1, all inmates are offered treatment services relating to sexual abuse or assault to include forensic medical examinations without financial cost to the victim. DOM section 54040.8.2 covers victim advocate and support person for investigations, examinations and interviews and shall provide emotional support, crisis intervention, information and referrals. DOM section 54040.09 mandates that the victim is taken to the designed outside hospital or onsite location, where Sexual Assault Response Team (SART) Contract Staff will complete the forensic exam. DOM 540540.8.1 states that all Deoxyribose Nucleic Acid (DNA) collection must comply with the State of California, Office of Emergency Services Reporting Instructions, which is a state-wide procedure. This section also includes the requirement for the Watch Commander to complete the Checklist to ensure that the Rape Crisis Center dispatches a victim advocate. No referrals were identified during the audit period.

Victim Advocates require training to provide emotional support, crisis intervention, and information about other applicable referrals. CRC has an approved list of trained and qualified staff members that can be used as victim advocates should the inmate request.

(f) to (h)-CDCR addresses these sections with their Specialized PREA Training for LDI's. All efforts and processes are documented by utilizing notification checklists and reports.

California Penal Code (PC) Section 13516 mandates that the Commission on Peace Officer Standards and Training (POST) established guidelines/standards for investigations of sexual assault. All law enforcement agencies must comply with the POST training guidelines for Sexual Assault Investigators.

Interviews with supervisors, medical staff and responsible investigator verified that all investigations alleging sexual abuse will be investigated and follow evidence protocols. Victims are referred for forensic medical examinations conducted by SANE or SAFE personnel as long as there is a possibility that the examination could yield viable forensic evidence and performed at the designated medical facility without cost to the inmate, make available a victim advocate or qualified staff member when requested by the inmate. There were no referrals for forensic medical exams from CRC within the last 12 months.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?
☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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DOM Section 54040.12 requires all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing. DOM, Section 54040.12 states that all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated, if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee. This section is also applicable to contractors and volunteers.

The CDCR's website does have links for PREA resources such as Article 44: PREA policy, any changes to the policy, definitions, reporting information and PREA audit reports. The relevant provisions of the DOM are accessible online.

CRC's pre-audit questionnaire reported a total of (6) sexual abuse and harassment allegations reported during the twelve-month reporting period. All reports were investigated and closed resulting in unsubstantiated and unfounded findings. During the twelve-month reporting period, there were no referrals for criminal investigations. After review of investigations and interviews of administrators, staff, investigators, and inmate's it was confirmed that CRC was in compliance with the standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOM section 54040.4 Education and Prevention, states that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training is conducted during new employee orientation, annual block training, On the Job Training (OJT), and has been adopted by the Correctional Training Academy. The training is gender specific based on the offender population at the assigned institution. Training participation is documented on a CDCR 844, Training Participation Sign-in Sheet.

The supporting documents that was submitted to the auditor was verified and was found to be in compliance. The PREA training curriculum and lesson plan dated November 2015 and DOM section 54040.4 addresses the sections of (a) 1 to 10, and (b).

(c) to (d) CDCR memorandum for In-Service Training provides that CDCR staff (custody and health care) shall receive a two-hour formal classroom instruction on PREA and a one hours OJT as part of the annual training block. CDCR documents completion of the required training with CDCR 844 and the PREA OJT Acknowledgement form certifying that the employee has read, understood, and agrees to comply with the PREA OJT training. DOM section 32010.8.3 specifies the record keeping forms required to document training activities.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR, DOM, section 54040.4 Education and Prevention states that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.

CDCR PREA Volunteer/Contractor contains information relating to PREA, professional behavior, preventative measures, detection and responsibility on reporting. CDCR, DOM, section 32010.8.3 explains record keeping and documentation through CDC form 843 Training Record and Instruction Sheet and CDCR 844 Training Participation Sign-in Sheet.

Documentation was provided to the auditor on the completion of PREA training provided to CRC's contractors and volunteers. During a contractor (HFM, Health Care Facility Maintenance) interview it was apparent that the contractor was not fully aware of their responsibility under PREA and was referred to the facility PCM and PREA Coordinator while onsite. All contractors

from HFM assigned to CRC were retrained and were interviewed by the PREA Audit team on another day. Documentation of the retraining was obtained by the auditor and the interviews conducted displayed their knowledge of their responsibility and behaviors under PREA.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOM Section 54040.4 Education and Prevention for Offenders states that verbal and written information shall be provided to offenders which will address: Prevention/Intervention, Reporting, Treatment and Counseling. Initial offender orientation on PREA is provided to the offender population in Reception Centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters which contains departmental policy and sexual violence, staff sexual misconduct, and harassment reporting telephone numbers shall be posted in designated locations throughout the institution and parole offices. The PREA brochures entitled "Sexual Assault Awareness" and the PREA booklet entitled "Sexual Abuse/Assault: Prevention and Intervention" are distributed during initial processing and the materials are also available through the correctional counselors and the institution's offender orientation handbook.

DOM section 54040.4 indicates that appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities. Institutions may consider using offender peer educators to enhance the offender's population's knowledge and understanding of PREA.

Offender education on PREA are documented on CDC form 128-B that is signed by the offender indicating that they received the training and is forwarded to the inmate's records for scanning into the Electronic Records Management System (ERMS).

PREA poster, brochure and orientation handbook available in English and Spanish.

CRC provides inmate education in formats accessible to all inmates, information for interpreter services with Life Signs and Interpreters Unlimited were posted and observed by the audit team for those who would need services other than for Spanish speaking inmates. Education for inmates and the format that is available to assure they are getting comprehensive education

was evident during interviews with inmates and staff. The comprehensive PREA information is being distributed at initial admission and during transfers. Key PREA information was readily available through posters and inmate handbooks was available in English and Spanish.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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DOM, Article 44, Prison Rape Elimination Act Policy, section 54040.1 defines the LDIs as institutional staff, who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct. Section 54040.4 also states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institution PREA CM shall ensure employees investigating PREA incidents are properly trained.

Curriculum for LDI specialized training covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

CRC has 11 LDI's, who were trained to conduct criminal and administrative investigations into allegations of sexual violence and/or staff sexual misconduct. The investigative office at CRC is the Investigative Services Unit (ISU). According to DOM, chapter 5, page 474 and 475, Crime Scene Preservation, Evidence and section 54040.9 Forensic Medical Examination, the designated supervisor and investigators shall follow a uniform evidence protocol and procedure when conducting sexual abuse investigations.

Interviews with ISU staff confirmed their understanding of the specialized training curriculum. The Auditor received documentation substantiating that all ISU staff members completed and successfully passed the Specialized PREA Training.

Penal Code Section 293(a) mandates that victims of sex crimes are informed that their name will be a matter of public record, unless an explicit written notice to keep their name from being a part of the public record is process. The notice further informs the individual of the specific agencies that will have access to his/her name, if not included in the public record. This process protects the PREA victim and allows the victim to control his/her situation.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR, DOM, section 54040.4 Education and Prevention states that all staff including volunteers and contractors shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block, training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the

offender population at the assigned institution. Participation in the training will be documented on a CDCR 844, Training Participation Sign-in Sheet.

CDCR memorandum for In-Service Training department provides staff two types of training related to PREA; first is a (2) hour formal classroom training on PREA (BET CODE: 11054378) and the second is provided as on-the-job training in an OJT Annual Module Training Packet for (1) hour (ET CODE: 1105349). CDCR documents through CDCR 844 Training Participation Sign-in Sheet and a signed PREA OJT Acknowledgement form that the employees understand the training they have received.

DOM, section 54040.3 states that, In the DCR, unless an institution has been previously authorized for contracted on-site SART exams, they will utilize the resources available via contract at the local community hospital for SART examination of the victim and offender-suspect.

The training documents for CRC was reviewed and interviews with medical and mental health staff verified completion of the specialized training as staff could articulate how to detect and assess signs of sexual abuse and harassment, who to report allegations or suspicions to, the process for referrals on forensic examinations and documentation of such practices.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CCR, Title 15, Article 1.6 Inmate housing states that (a) Upon arrival at an institution, facility, or program reception center, a designated custody supervisor shall screen an inmate for an appropriate housing assignment and must evaluate all factors to be considered when completing the Initial Housing Review, including but not limited to:

Factors such as race, date of birth, age, weight, height, birth place, and whether the inmate is foreign national, length of sentence, enemies and victimization history, criminal influence demonstrated over other inmates, previous housing status, reasons for prior segregation, history of in-cell assaults and/or violence, security threat group, documented victim of sexual assault, adjudicated cases of being a perpetrator in an act of physical abuse, sexual abuse, sodomy, or other act of force against a cell mate. Restrictions are any case factors which may limit the inmate's housing placement options such as security issues, request for protective custody, medical or mental health issues.

Memorandum dated September 17, 2015, subsequent review of CDCR DOM. PREA standard 115.41 was partially addressed and still under development. Memorandum notification to Reception Centers (RC) stated that the PCM or designee will maintain a list of inmates who have received documentation showing victimization or abusiveness concerns within 21 days of arrival to include inmates who has filed complaints, appeals or involved in a battery incident and be followed up on within 30 days of arrival.

The PCM is responsible to follow up with the inmate and document the meeting on 128-B (General Chrono). This shall be entered into the ERMS or Strategic Offender Management System (SOMS). The PREA CM shall remove the offender from the list after 30 days from arrival. The General Population Institutions shall formalize this assessment during the CC review to determine if there is any additional relevant information not assessed during the 72-hour PREA screening process.

DOM section 54040.6 Offender Housing, subsection Single Cell Status indicates that factors for single cell housing includes the initial housing review assessment and responses to sexual violence and victimization. This section specifies that offenders will not be disciplined for refusing to answer, or not disclosing complete information related to their sexual orientation and sexual violence history as required by (h). CDCR, Title 15, section 3269 (d) reiterates a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner.

DOM section 54040.7 Screening for Appropriate Placement states that based on offender victimization information, the custody supervisor shall discuss housing alternatives with the offender in a private location and single cell housing will be considered prior to the CC review. Mental health staff are mandated to screen the inmate based on the intake referral. Also, any staff member with a concern for an offender's sexual safety can initiate a mental health referral on CDCR Form 128-MH5, Mental Health Referral Chrono.

The agency has procedures that comply with (a) as all offenders at reception or transfer are screened based on PREA factors for sexual victimization and sexual abusiveness. The ERMS under Critical Items for Review has a check box to document that the PREA requirements were considered. As required by (b) this screening occurs at admission or transfer to a facility.

CRC's CC reviews all transfers within 14-20 days to determine housing, work line assignments, programs, and to determine whether there is additional relevant information based on the PREA screening to consider. CRC provided Classification Committee (CC) Chronos for review of inmate indicating compliance with (f). The CC Chrono under the subheading PREA indicated that "subject was advised of PREA and asked if he had any new, relevant information related to PREA since the intake interview" and included the inmate's response. The access to the information in ERMS is restricted to ensure that sensitive information is provided on a "need to know" basis as required by (i).

This standard was under corrective action for letters (c), (d), and (e). CDCR completed a significant change in policy and procedure to come into compliance. Documentation initially submitted with the pre-audit questionnaire, initial Chronos reviews and interviews with Intake and CC staff revealed that there was no objective screening instrument that considered all factors of letter (d) and (e).

CDCR through the PREA Coordinator's office developed an objective screening instrument and achieved concurrence from CDCR Administrators along with the relevant Union to meet the corrective action timeline. The electronic form was finalized, a training curriculum was developed, and relevant staff responsible for screening were identified and trained.

CRC had approximately 914 admissions since the onsite audit was completed. 10% (91 inmates) of screened admissions were randomly selected by the auditor for review of documentation. CDCR / CRC provided the requested screening documents and CC Chronos records prior to the closure of the corrective action period. Initial/transfer and follow up (within 30 day) screenings utilizing an objective screening instrument was completed in a timely manner and all concerns addressed for corrective action were addressed therefore, achieving compliance with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR addressed offender housing, bed assignment, education, other programs, and work line assignments based on the Initial Housing Reviews, ERMS information, and other relevant information. The specific requirements of the standard were

partially met as CDCR/CRC were impacted by the lack of an objective screening instrument as discussed in 115.41. The Classification Committee (CC) did review an inmate housing, bed assignment, education, other programs, and work line every six months and earlier if warranted by the facts.

DOM section 54040.6 Offender Housing, subsection Single Cell Status indicates that factors for single cell housing includes the initial housing review assessment and responses to sexual violence and victimization. CCR, Title 15, section 3269 (d) reiterates a presumption for single cell housing based on documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate or verified predatory behavior towards a cell partner.

DOM section 54040.7 Screening for Appropriate Placement states that based on offender victimization information, the custody supervisor shall discuss housing alternatives with the offender in a private location and single cell housing will be considered prior to the CC review. Mental health staff are mandated to screen the inmate based on the intake referral. Also, any staff member with a concern for an offender's sexual safety can initiate a mental health referral on CDCR Form 128-MH5, Mental Health Referral Chrono.

CDCR, Title 15, section 3375.2-Administrative Determinants states, an inmate with a history of sex crimes designated in section 3377.1 (b) shall be housed in accordance with their placement score and shall not be assigned outside the security perimeter. CCR, Title 15, section 3269-Inmate Housing Assignments process is used to separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive by making individualized determinations to ensure the safety of each inmate.

This section does take into consideration predatory behaviors, repeated attempts to physically or sexually abuse another inmate, documented and verified instances of being a victim of in-cell physical or sexual abuse by another inmate, and documented sexual harassment, threatened, or forced sexual acts. CDCR requires that each placement and programming assignment for transgender and intersex inmates shall be reassessed at least twice a year to review any threats to safety experienced by the inmates.

During interviews with CC staff members, it was verified that PREA factors are considered on a case by case basis. The CC is tasked with the twice a year reviews of transgender and intersex inmate.

DOM section 62080.14 specifies that inmates who have been diagnosed as transgendered shall be housed at designated facilities "to the maximum extent practical" based on the need to ensure the inmate's medical care and mental health treatment. If the inmate has multiple case factors which make it difficult to house in the specified institutions, a case conference with key CDCR staff shall be conducted to determine the most appropriate level of care and institution suitable for the inmate's case factors.

This standard required corrective action as it relates to (c), (d), and (e). CDCR made significant policy and procedural changes to achieve compliance with these sections of 115.41. The PAQ documentation and interviews with intake and screening staff failed to identify an "objective screen instrument" that considered the specific factors of (d) 1-10 and (e). CRC's PREA screening process consisting of an evaluation of factors culminating in a check box confirmation was deemed non-compliant with (c), (d), and (e).

CDCR through the PREA Coordinator's office developed an objective screening instrument and achieved concurrence from CDCR Administrators along with the relevant Union to meet the corrective action timeline. The electronic form was finalized, a training curriculum was developed, and relevant staff responsible for screening were identified and trained. Documents submitted for corrective action in standard 115.41 was also reviewed for this standard and met all requirements set by this standard that allows the use of information to properly inform housing, bed, work, education and program assignments therefore, achieving compliance.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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(a) DOM section 54040.6 states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing.

(b) to (e) CCR, Title 15, section 3335. Administrative Segregation amendment effective October 20, 2016 reads: Non-Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include investigations related to being the victim of a Prison Rape Elimination Act (PREA) incident. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with CCR, Title 15, sections 3044-Inmate Work Groups and subsection 3190 (b)(5)(c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation. All reasoning shall be documented using form CDC 128-G.

CRC did not have any inmates in segregation for potential risk of sexual victimization as they do not have a segregation unit. During staff interviews it was confirmed that should an inmate be identified as a risk they would be re-evaluated and only if no available alternative means of separation from likely abusers could be made, a transferred to another facility would be an option.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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According to DOM, section 54040.7-Detection, Notification and Reporting, an offender may report sexual violence, staff sexual misconduct, or sexual harassment that occurs under the jurisdiction of the CDCR to any staff member, volunteer, contractor, Office of Internal Affairs, Office of the Inspector General, the Inmate Appeals Process, the sexual assault hotline or through a third party. These reports can be verbally or in writing. In addition, offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security.

CDCR, Title 15, section 34013.5 (c)-Reporting requirements state that any employee who observes, or who receives information from any source concerning sexual misconduct, shall immediately report the information or incident directly to the institution head, unit supervisor, or highest-ranking official on duty, who shall then immediately notify the Office of Internal Affairs.

Offenders being retained solely for civil immigration may contact consular officials or officials at the Department of Homeland Security, however CDCR / CRC does not house inmates detained solely for civil immigration.

Based on inmate and staff interviews it was verified that they are all familiar with PREA information that is readily available on posters and in the inmate handbook for reporting options and crisis counseling.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CCR Title 15, Division 3, Chapter 1, Article 8, section 3084 and DOM section 54100 is applicable to the appeals process for inmates. CCR Title 15, Section 3084.8(b) (4) states there shall be no time limits for allegations of sexual violence or staff sexual misconduct. Subsection 3084.9 (5) through 3084.9(a) (5) (A) (7) states, a grievance in whole or part containing allegations of sexual violence or staff sexual misconduct shall be processed as an emergency appeal and shall be immediately reviewed by the Hiring Authority or designee and processed directly at the second level of review. While the

department maintains the right to defend against an inmate lawsuit on the grounds of the applicable statute of limitations, a time limit shall not be imposed upon when an appellant may file such a grievance.

Subsection 3084.8 (c) (2) & (3)-Appeal time limits indicates that first and second level responses have a time limit of 30 days, third level responses have 60 days. Letter (e)-states, except for the third level, if an exceptional delay prevents completion of the review within specified time limits, the appellant, within the time limits provided in subsection 3084.8 (c). Offender shall be provided an explanation of the reasons for the delay and the estimated completion date. Letter (f)-states, an appeal accepted as an emergency appeal shall be processed within the time frames set forth in subsections 3084.9(a) (4), completion is five working days.

Subsection 3084.6(c) (5) was amended and effective October 20, 2016. It reads, an appeal may be cancelled for any of the following reasons, which include, but are not limited to: (5) the appeal is submitted on behalf of another person, unless it contains allegations of sexual violence, staff sexual misconduct, or sexual harassment of another inmate. 3084.9 (5) A 1. There shall be no time limit for allegations of staff sexual misconduct, but once received by the appeals coordinator, the appeal shall be screened in accordance with subsection 3084.5(b)(4).

DOM section 54090.4.1 states that CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service, is readily available to inmates and parolees. Forms available in all general and segregated areas. Section 54090.4.2 states that the inmate or parolee shall complete the CDCR Form 22 and deliver or mail via institutional mail to any staff member who is able to respond to the issue. Section 54040.15.1 limits the agency's ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

The submitted pre-audit questionnaire reported (0) grievances related to sexual abuse and harassment. While conducting the onsite audit it was confirmed through the appeals / grievance coordinator that there was none submitted or recorded during the 12-month audit period. Interviews with the appeals / grievance coordinator and relevant staff that deals with the processing of appeals and grievances verified knowledge of the written policy and procedures that CDCR / CRC has in place. During inmate interviews it was evident that they are aware of this process and feels confident that they are able to report through this route.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, section 54040.8.2-Victim Advocate and Victim Support Person states, victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation, forcible acts of sexual penetration have a right under PC 264.2 and PC 679.04 to victim advocate and victim support person for both the medical examination and investigatory interview. In incidents where an offender has alleged sexual violence or staff sexual misconduct, the watch commander or designee shall immediately notify the local Rape Crisis Center whenever a victim of sexual violence or staff sexual misconduct, is treated at the local SART location and/or transported to an outside hospital for any forensic examination. This section also states, a Memorandum of Understanding (MOU between the institution and local Rape Crisis Center shall be established.

The Inmate Orientation Handbook that is distributed to all inmates contains PREA information and the departments policy, contact information for reporting incidents and information concerning victim advocate and victim support person. The Orientation Handbook advises inmates that the telephone system is recorded and if PREA allegations are identified through the telephone system it will be referred to appropriate staff for inquiry and investigation.

Through interviews with staff and inmates revealed that should they need outside confidential support services it is provided when the incident is reported through their chain or through recorded telephone calls. The auditor interviewed a representative from Riverside Rape Crisis Center and verified services for forensic examinations and providing a victim advocate/support person.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes
☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR website: <http://www.cdcr.ca.gov/PREA> provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The website outlines ways that visitors, inmate family members or associates, and other community members can privately report sexual abuse or sexual harassment. The website information was verified and during interviews with staff and inmates it was confirmed that they had knowledge of the information and website.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, Section 54040.7 requires that staff immediately and confidentially report any PREA violation by staff or inmates whether witnessed or reported, to the appropriate supervisor. In addition to reporting, employees have a responsibility to assist the offender and refer him/her to medical/mental health for evaluation. Volunteers/Contractors are also required to report incidents of sexual violence, harassment and staff sexual misconduct to appropriate staff.

CDCR Health Care Services policy, chapter 16, 1.16.1 states that providers are required to report allegations of sexual violence, staff sexual misconduct, and sexual harassment to include informing patients of the provider's duty to report, and the limitation of confidentiality, at the initiation of services.

According to CDCR DOM, section 54040.12-Investigations, all allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing, it further states that allegations reported to the Hiring Authority, the allegation will be assigned to an LDI to conduct an investigation and utilizing standard investigatory procedures.

DOM sections 54040.8-Response and 54040.8.1-Custody Supervisor Responsibilities require that all allegations of sexual violence or staff sexual misconduct be treated confidential and any disclosures only be made to employees who "need to know" and to other persons or entities as permitted or required by law.

Medical and Mental Health staff interviews revealed that the inmates are advised at the beginning of treatment, that there's limitations to confidentiality when it comes to their obligation to reporting sexual abuse incidents that occurred within its institution. CRC also utilizes Informed Consent forms during the medical and mental health orientation.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, section 54040.6-Offender Housing states that inmates at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers.

DOM section 54040.7 Screening for Appropriate Placement states that based on offender victimization information, the custody supervisor shall discuss housing alternatives with the offender in a private location and single cell housing will be considered prior to the CC review.

CDCR and CRC does not limit PREA to actual reported incidents, but will consider any information related to imminent harm based on the potential for sexual abuse. This practice was verified during staff interviews and a review of inmate records.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include

corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOM, section 54040.7.4-Notification from/to Other Confinement Facilities state that upon receiving an allegation that an offender was the victim of sexual violence or staff sexual misconduct while confined at another institution/confinement facility, the hiring authority where the allegation was received shall notify the hiring authority of the institution or appropriate office of the agency where the alleged incident occurred. The notification shall be made via telephone contact or electronic mail and will be followed up with a written summary. Notifications must be made as soon as possible but no later than 72 hours. The institution or facility where the alleged sexual violence or staff sexual misconduct is reported will be responsible to complete the SSV-IA form. This section further states that the Hiring Authority or agency office receiving the notification shall assign and ensure that the allegation is investigated and reported in accordance with DOM section 54040.12.

CRC's PAQ indicated that there were three (3) notifications by other institutions. After review of documentation and relevant staff interviews, it was verified that the notifications were within the 72-hour period, where it had been documented, investigation initiated and inmate referred to medical and mental health within 24 hours of receiving the report.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, section 54040.8-Response and 54040.8.1-Custody Supervisor Responsibilities require that all allegations of sexual violence or staff sexual misconduct be treated confidential and any disclosures only be made to employees who "need to know" and to other persons or entities as permitted or required by law. Initial contact will take the alleged victim to a private secure location and utilize the Initial Contact Guide to complete the tasks associated with the initial contact which includes preservation of evidence, requesting that the alleged victim not take any actions that could destroy physical evidence. The custody supervisor shall ensure that a perimeter has been established and an officer has been posted to keep persons out of the crime scene area and keep a chronological log of all persons entering the crime scene area and purposes for doing so. A checklist for watch commanders to follow in these incidents was developed and currently in use. CDCR Initial Contact Guide PREA form used.

Duty responsibilities as first responders was evident throughout staff interviews and they displayed comprehensive knowledge of their duties and responsibilities.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒
Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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DOM Section 54040.8 relates to a written institutional plan for response and actions taken to document as a sexual abuse report. An initial contact guide has been developed to assist employees in completing the tasks associated with initial contact. DOM 54040.8.1 explains the custody supervisor responsibilities and the supervisor checklist to assist in identifying the duties to be completed to include notifications through the hiring authority, assignment to the LDI and medical and mental health responses.

During interviews with relevant staff it was evident that they were aware of the coordinated response protocol and could articulate the duties and services required.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR Collective Bargaining Agreement (CBA) for Unit 6 contract is effective July 3, 2015 through July 2, 2018. The CBA does not limit management's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The PAR form for monitoring retaliation includes provisions for periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The CBA section 4.01: Management Rights (pg. 23) states that management has the authority to hire, transfer, promote and demote employees ... as the employer may determine to be necessary for the orderly, efficient, and economical operation of CDCR.

Based on specialized interviews it is evident that involuntary actions related to the removal and reassignment of staff is within their authority.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR DOM, section 54040.13 states, for at least 90 days following a report of sexual violence or staff sexual misconduct, the institutional PCM shall assign a supervisory staff member to monitor the conduct and treatment of inmates or employees who reported the allegation to ensure there are no changes that may suggest retaliation. The assigned supervisor shall notify the PCM of any changes and the PCM shall act promptly to remedy any such retaliation and ensure a CDCR form 2304 or 2305, Protection Against Retaliation (PAR) is initiated which includes; periodic inmate status checks, inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. This section also states that the monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need, the obligation to monitor shall terminate if the investigation determines that the allegation is unfounded or proven false.

Article 44-Prison Rape Elimination Policy, section 54040.1 states that retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

Article 7, 3335. Administrative Segregation also addresses the agencies protection measures, such as housing changes or transfers for inmate victims or abusers.

The PREA Compliance Manager (PCM) at CRC has been charged with managing and monitoring individuals who report or participate as a witness in a PREA allegation. The monitoring consists of periodic checks with inmates as confirmed through the interview process with the PCM and documentation review.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOM section 54040.6 states that offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers. These assessments shall be completed immediately or within 24 hours of placement into segregated housing.

CCR Title 15, section 3335. Administrative Segregation amendment effective October 20, 2016 is now read as: Non Disciplinary Segregation (NDS) means segregated housing placement for administrative reasons to include but are not limited to: (d) Investigation related to being the victim of a Prison Rape Elimination Act (PREA) incident, 1. If the placement in NDS is related to being the victim of a PREA incident, the inmate will be afforded all programs, privileges, and education in accordance with section 3044-Inmate Work Groups and subsection 3190 (b)(5)(c), of Title 15 of the CCR. If these are restricted, assigned staff shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitation. This section also addresses the assignment to NDS only until an alternative means of separation from likely abusers can be arranged, and assignment shall not exceed 30 days, if so, a review by assigned supervisor shall be completed to determine whether there is a continuing need for separation. All reasoning shall be documented using form CDC 128-G.

CRC does not have a segregation unit. During interviews it was verified that all efforts and other alternatives to separate the victim would be exhausted prior to segregation and or transfer to another facility.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, Article 44-Prison Rape Elimination Act Policy, Section 54040.1 has Locally Designated Investigators (LDI) who have been trained to conduct investigations into allegations of sexual violence and/or staff sexual misconduct.

Section 54040.8.1 requires immediate notification to the Hiring Authority which will assign an LDI to conduct inquiry work-until sufficient information is obtained to warrant an OIA investigation, or the information collected refutes the allegations, as determined by the Hiring Authority. Information will be thoroughly documented on a Confidential Memorandum that shall be maintained with the investigatory file. The complaint will be investigated utilizing standard investigatory procedures. Upon conclusion the alleged victim will be provided written notification of the findings as described in section 54040.12.4, this section states that all incidents shall be investigated and the findings documented in writing. Section 54040.8.1 further states that if it is believed by staff to constitute an emergency they shall report immediately to a supervisor where notifications to OIA, Regional Office, SAC or OIA can be made.

DOM, Section 54040.4 states that investigators assigned to sexual violence and/or staff sexual misconduct cases will receive specialized training and that the institutions PCM shall ensure employees investigating these incidents are properly trained.

CCR Title 15, section 3316-Referral for Criminal Prosecution states that Except as provided in subsection (b), all criminal misconduct by persons under the jurisdiction of the department or occurring on facility property shall be referred by the institution head or designee to appropriate authorities for possible investigation and prosecution when there is evidence substantiating each of the elements of the crime to be charged.

CDCR DOM, section 54040.20 states that CDCR shall ensure that all PREA data collected are securely retained and are maintained for 10 years after the date of the initial collection. The PREA instructions for records retention schedule (RRS) Update states that Investigatory file is to be retained in the ISU for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

Investigations files that was reviewed at CRC did not indicate any criminal investigation referrals for sexual abuse incidents. CDCR / CRC accomplished compliance with this standard for administrative and criminal investigations based on file reviews and interviews conducted with relevant staff and agency members.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR, DOM, section 33030.13.1, investigative findings defined and the findings of each allegation shall be determined by the Hiring Authority in consultation with the Vertical Advocate for designated cases and the SAIG. The findings are no higher than a preponderance of evidence to prove the allegation or complaint made.

CDCR, DOM, section 33030.17 states that sufficient evidence establishing a preponderance is necessary before any disciplinary action can be taken. The Employee Disciplinary Matrix shall be the foundation for all disciplinary action considered and imposed by the Department and shall be utilized by the Hiring Authority to determine the penalty to impose for misconduct.

Based on file reviews and relevant staff and agency interviews, CDCR / CRC has complied with all sections of this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, section 54040.12.5-Reporting to Offenders state for Staff on Offender that following an offender's allegation that a staff member has committed sexual misconduct against an offender, the alleged victim shall be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded. The PCM or designee shall inform the offender, unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate's unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct. This section further states that following an investigation into an offender's allegation of sexual violence by another offender, the institution shall inform the alleged victim of the outcome of the investigation and whenever the alleged abuse has been indicted or convicted of the alleged sexual violence. The agency's obligation to report or inform the offender shall terminate if the offender is released from the agency's custody.

DOM section 54040.8.1 states the custody supervisor is responsible upon conclusion of the investigation to provide the alleged victim with a written notification of the finding. CRC's ISU serves the required written result or status notification to the inmate. The PREA CM or designee shall inform the offender, unless determined to be unfounded, whenever the alleged abuser is no longer posted within the inmate's unit, is no longer employed at the facility, has been indicted or convicted of the alleged sexual misconduct.

DOM section 54040.12.2 states that following an investigation into an offender's allegation of sexual violence by another offender, the institution shall inform the alleged victim of the outcome of the investigation and whenever the alleged abuser has been indicted or convicted of the alleged sexual violence. The agency's obligation to report or inform the offender shall terminate if the offender is released from the agency's custody.

Proof of practice was during file reviews, documentation of notifications were provided to inmates who had alleged PREA incidents at the conclusion of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CCR Title 15, section 3401.5 (a)-Employee Sexual Misconduct states that any sexual behavior between an inmate / parolee, departmental employee, volunteer, agent or individual working on behalf of CDCR shall subject the employee to disciplinary action and/or prosecution under the law.

CCR Title 15, section 33030.15 relates the types of adverse action penalties, there are five types of penalties for adverse actions; (15.1) Letter of Reprimand, (15.2) Salary Reduction, (15.3) Suspension without Pay, (15.4) Demotion to a Lower Class, (15.5) Dismissal from State Service. Section 33030.16 displays the Employee Disciplinary Matrix Penalty Levels, there are nine levels ranging from official reprimands, suspensions, salary reductions and dismissals. According to section 33030.19-Employee Disciplinary Matrix (EDM) number (18)-Over-familiarity with an inmate(s)/parolee(s) would follow a penalty of (6) which is, salary reduction of 10 for 13-24 months or suspension without pay for 26-48 work days. EDM number (19)-Sexual Misconduct with an inmate(s)/Parolee(s) would follow a penalty of (9) which is, Dismissal.

DOM section 33030.16 outlines the Employee Disciplinary Matrix Penalty Levels. There are nine penalty levels in the disciplinary matrix. According to DOM section 33030.19: Employee Disciplinary Matrix an incident involving staff over-familiarity is a level 5 penalty or suspension up to 36 work days or a salary reduction. Incidents of sexual harassment is a level 6 penalty or suspension up to 48 days or salary reduction. Incidents of sexual misconduct with an inmate is a level 9 penalty or dismissal.

CDCR DOM, section 54040.12.3 and 12.4 state for all employees, contractor or volunteers that all terminations for violations of agency sexual misconduct or harassment policies, or resignations by employees that would have been terminated if not for their resignation, shall be reported to any relevant licensing body by the hiring authority or designee.

During the auditing period there were no substantiated PREA incidents at CRC warranting application of the disciplinary matrix. It was revealed during relevant interviews that should there be a substantiated PREA incident involving staff members, volunteers or contractors the penalties would commensurate with the violations according to the discipline matrix.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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CDCR DOM, section 54040.12.4 state, any contractor or volunteers who engages in staff sexual misconduct shall be prohibited from contact with the offenders and shall be reported to relevant licensing body by the hiring authority or designee.

CDCR contractor/volunteer Bid/Agreement provision number (5) explains that any contract employee who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be subject to administrative and/or criminal investigation including possible referral to the District Attorney, unless the activity was clearly not criminal, and shall be subject to reporting to relevant licensing bodies. The agreement also states that by signing the contract they agree to all provisions and shall abide by the laws, rules and regulations governing conduct in associating with prison inmates or wards.

CDCR DOM, section 101090.9-Termination states that the hiring authority may limit or discontinue activities of any volunteer or group which may impede the security and/or orderly operation or threatens security and safety of the volunteer, employees, public, or inmates. Termination can be carried out in an expeditious manner if there is evidence of volunteer misconduct that includes acts of inappropriate familiarity with inmates, parolees, participating in behavior either on or off duty that is of such nature that it may cause discredit to CDCR or its services.

During the auditing period there were no substantiated PREA incidents at CRC involving a contractor or volunteer. Through interviews with relevant staff verified appropriate measures would be taken to assure access will be prohibited and contact with inmates would cease to include reporting to relevant licensing body and referral to law enforcement agencies.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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CDCR subjects inmates to a disciplinary process and sanctions for those who engage in sexual abuse and sexual misconduct. Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history as described in CCR Title 15, section 3323m Disciplinary Credit Forfeiture Schedule which describes the level of rule violation and DOM, section 54040.15-Disciplinary process. DOM 54040.15 states, that upon completion of the investigative process, the existing disciplinary process, which includes referral for criminal prosecution and classification determinations, shall be followed. If the allegations of sexual violence warrants a disciplinary/criminal charge, a CDCR form 115, Rules Violation Report shall be initiated. The offender who is charged will be entitled to all provisions of CCR, Title 15, sections 3316, 3320 for hearing procedures, time limitations and referral for criminal prosecution.

According to DOM section 54040.7, an offender who during the initial intake screening reports that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, mental health

referral chrono. In CCR Title 15, section 3317 states, inmates in the Mental Health program or any inmate showing signs of possible mental illness may require a CDC 115 MH, Rules Violation Report: Mental Health Assessment. Persons who exhibit bizarre, unusual or uncharacteristic behavior at the time of the rules violation shall be referred for a Mental Health Assessment.

DOM section 54040.15.1: Alleged Victim-False Allegations states facilities will not apply disciplinary action against an inmate for filing any report of sexual violence, or staff sexual misconduct, unless it is clearly demonstrated and documented that the inmate knowingly made a false report to substantiate bad faith. An allegation deemed unsubstantiated or unfounded based on lack of evidence, does not constitute false reporting.

CCR, Title 15, section 3007: Sexual Behavior, inmates may not participate in illegal sexual acts. Inmates are specifically excluded in laws, which remove legal restraints from acts between consenting adults.

Interviews with relevant staff explains that in addition to the facility ISU investigation sexual abuse and sexual harassment misconduct they also investigate any "consensual sex" misconduct to avoid abuses under consent as means to deter sexual abuse in the facility. The disciplinary process and applicable charges are listed in the DOM sections mention above paragraphs to include services and referrals to mental health.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security

management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Health Care Services, volume 1-Governance and Administration, chapter 16 states that to ensure that medically necessary emergency and follow-up treatment is provided to patients who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment. There is no cost to the alleged victim regardless of whether they name the abuser or cooperate with any investigation arising from the incident.

CDCR DOM, section 54040.7, referral for Mental Health Screening states that if it is reported by an offender during the initial intake screening, that he/she has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is referred to mental health utilizing the CDCR form 128-MH5, Mental Health Referral Chrono.

Chapter 3, Health Care Transfer Process states that the reception Registered Nurse shall review all inmates and determine if the acuity or complexity of their problems requires more urgent referral than fourteen (14) days (high risk inmates). Referrals to Mental Health sections indicates that any inmate can be referred for mental health services at any time. Inmates who are not identified at Reception or upon arrival at an institution as needing mental health services may develop such needs later. Any staff member that have concerns about an inmate's mental stability are encouraged to refer that inmate for evaluation by a qualified mental health clinician. Under circumstances, referral to mental health may be mandatory. A referral to mental health should be made whenever an inmate has been identified as a possible victim per the Prison Rape Elimination Act and when an inmate demonstrates sexually inappropriate behavior as per the Exhibitionism policy. Referrals to mental health may be made on an Emergent, Urgent, or Routine Basis. Emergent referrals are seen immediately, Urgent referrals are seen within 24 hours and a Routine referral are seen within five working days. All referrals are made on the CDCR-MH5 Mental Health Referral Chrono and forwarded to the mental health office. Emergent and Urgent referrals should also be made by phone to facilitate a timely response.

CDCR utilizes CDCR form 7277, Initial Health Screening in all their institutions and a 72577A supplemental form for female inmates. According to CDCR Health Care Services, Volume 4, chapter 2, Initial health assessments are conducted within (7) calendar days of arrival at the Reception Centers, each patient-inmate shall receive a complete history and physical examination, performed by a PCP.

CDCR utilizes Authorization for Release of Information (CDCR 7552) to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Information may be released to others including but not limited to authorized law enforcement agencies, authorized prosecutors and other appropriate agencies to include health care information. Form CDCR MH-7488, Informed Consent for Mental Health Care is utilized for mental health services while in CDCR. Assessments, treatment, testing and recording of treatment are kept in health records. Information shared in treatment is confidential.

The standard required corrective action based on the concerns raised in 115.41: Screening for Risk Victimization and Abusiveness, due to CDCR's lack of an objective screening instrument the information was not obtained from an objective screening instrument. The process of the initial housing review and classification committee did not capture the information for referrals that triggers the 14 day follow up with medical and mental health practitioners. Referrals were made due to investigations. With the implementation of the objective screening tool, CRC revised DOM Supplement 54040, June 2017 which states that upon return to CRC, the victim shall be referred to Mental Health for follow-up. Additionally, the suspect shall be referred to mental health for evaluation.

Based on interviews conducted initial assessments related to sexual victimization and abusiveness were assessed within 24 hours of transfer, if non-emergent follow up assessments and meetings are within 5 days. All information is strictly limited to medical and mental health practitioners and key staff. Informed consent forms are completed when reporting information on prior sexual victimization that occurred outside of the institution.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a)to (c) Health Care Services, Volume 1: Governance and Administration, Chapter 16.1 PREA Act Policy states Health Care Services shall provide medically necessary emergency and follow-up treatment, follow-up plans; and necessary referrals including testing for pregnancy, sexually transmitted infections/disease, and HIV, to patient who are alleged victims or suspects of sexual violence, staff sexual misconduct, and sexual harassment. All health care staff shall be required to 1) report any allegation related to PREA and 2) inform patients of the duty to report and limitations to confidentiality at the initiation of services. Chapter 16.2: PREA Act Procedures functions as health care staff's response plan during a PREA incident including the initial encounter and follow-up services.

(d)Health Care Services, Chapter 10, states the copayment shall not be charged, if the health care services provided are treatment services relating to sexual abuse or assault inclusive of the corresponding follow up health care services and any service necessary to comply with state laws or regulations. The "no copayment" requirement is not conditioned on whether the victim identifies the abuser or whether the victim elects not to cooperate with any investigation arising from the incident. Health care staff are responsible to provide emergency care until the alleged victim or suspect can be sent to the county Sexual Assault Response Team (SART) facility for forensic clinical evaluation and treatment, and/or hospital for medical stabilization, and to determine if the injuries sustained by the alleged victim qualify as serious bodily injury as defined by CDCR.

Health Care Services policy, volume 4, chapter 12 states that CDCR, and the Division of Correctional Health Care Services shall ensure that medically necessary emergency medical response, treatment, and transportation is available, and provided twenty-four hours per day to patient-inmates, employees, contract staff, volunteers, and visitors. The policy also covers operating procedures in the event of an emergency and ensures that at least one Registered Nurse is available onsite at each institution twenty-four hours a day, seven days a week for emergency health care.

DOM section 54040.10 states that upon return of the victim from the SART/SANE Exam, one of the processes are that the offender, if appropriate, shall be given educational materials to provide information related to the medical and mental health conditions which may have resulted after a sexual violence/staff sexual misconduct incident.

Based on interviews with medical and mental health staff, inmates, and file reviews, CRC is deemed compliant with this standard. Also, the handout information provided to inmate reiterates the services provided and the “no copayment” requirement. Victims of sexual abuse receive immediate and unimpeded emergency care and crisis services with no financial cost to the inmate.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR Health Care Services policy, Volume 1, Chapters 10 and 16 and DOM section 54040.10 addresses paragraphs (a) to (h) as medical and mental health evaluations, treatment, and follow up services are offered to all inmates who have been victimized by sexual abuse in any institution. CRC provides follow-up medical and mental health services to include treatment plans and when necessary referrals for continued care when transferred or placed in other facilities.

CRC is a male facility, therefore 115.83(d) and PREA standard 115.83(e) is not applicable. The agency policy states that victims of vaginal penetration are offered pregnancy tests among other STD testing, treatment and relevant information.

Health Care Services, Chapter 10, states the copayment shall not be charged, if the health care services provided are treatment services relating to sexual abuse or assault inclusive of the corresponding follow up health care services and any service necessary to comply with state laws or regulations. The "no copayment" requirement is not conditioned on whether the victim identifies the abuser or whether the victim elects not to cooperate with any investigation arising from the incident.

Based on prior corrective action, the agency amended DOM section 54040.11 / CRC Supplemental, June 2017 and health care procedures to reflect the obligation of staff to complete a Mental Health referral form when there is an inmate suspect in a PREA sexual abuse incident. This referral triggers an emergent or urgent mental health assessment immediately or within 5 days, which is well in advance of the standards 60-day requirement.

The 30-day Institutional PREA Review Committee (IPRC), which functions as the sexual abuse incident review is a checks and balance for medical and mental staff of the identity of any inmate suspects to facilitate the mental health evaluation.

This standard was identified for corrective action for letter (h): all prisons shall attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. DOM section 54040.11 supplement addresses (h). During interviews and record reviews it was found that knowledge of the standard for victim follow up was evident and explanation of process was correct though follow up for inmate abuser was not documented and the practice could not be verified. CRC ISU implemented a

check and signing system following the submittal of the mental health referral to assure there is no lack in communication and follow up with both victims and suspects are done in a timely matter.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes
☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOM section 54040.17: Institutional PREA Review Committee states that each Hiring Authority is required to conduct an incident review at the conclusion of every sexual violence or staff sexual misconduct investigation, including allegations that have not been substantiated. The reviews are not required for allegation's that have been determined to be unfounded. The PCM shall normally schedule these PREA incidents for review by the IPRC within 60 days of the date of the incident.

The IPRC includes upper-level management officials that includes input from line supervisors, investigators, and medical or mental health practitioners. IPRC assesses:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI status, or perceived status; gang affiliation; or was it motivated or otherwise caused by other group dynamics at the facility;
- Examines the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse;
- Determine if, the staffing plan was not complied with and this shall be documented in the review as a part of the corrective action plan;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of the IPRC findings and any recommendations for improvement to correct any deficiencies.

The findings documented as a formal written report shall be implemented or reason for not implementing shall be submitted to the Hiring Authority. The final report shall be provided to the Associate Director (if physical modifications or fiscal resources are needed) and the PREA Coordinator.

The requirement of this standard was verified through interviews with the Warden, PREA Coordinator and Program Analyst who is part of IPRC.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to CDCR DOM, section 54040.19-Tracking-Data Collection and Monitoring, CDCR has a procedure to collect accurate, uniform data for every allegation of sexual abuse at the facilities under its direct control. CDCR uses the SSV-IA form as a standardized instrument with a set of definitions for all allegations of sexual abuse and misconduct incidents.

DOM 54040.19 further states that, the Office of Internal Affairs maintains records of investigations into allegations of staff/offender sexual misconduct, and will report by case number, the type of sexual misconduct, subcategory; whether the allegations were sustained; and whether a DA referral was made. CDCR shall aggregate the incident-based data at least annually. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the SSV conducted by the Federal Department of Justice. CDCR shall maintain, review, and collect data as needed from all available documents including incident reports, investigation files, and PREA incident reviews. CDCR shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates. Upon request, the agency shall provide all such data from the previous calendar year to the federal Department of Justice no later than June 30.

During reviews of investigative files in the ISU office, it was found that the Survey or Sexual Violence (SSV) incident forms were part of the file. The investigators relayed that it is part of their responsibility that when they conduct an investigation they fill out the SSV incident forms and submit the form and its data to the PREA Coordinator. This practice was verified when interviewing relevant staff and file review.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR DOM, section 54040.17 states that the agency is required to review data collected pursuant to standard §115.87 in order to assess and improve the effectiveness of its sexual violence prevention, detection, and response policies, practices and training.

On an annual basis the Department PREA Coordinator will forward to each institution, a data collection toll which will be utilized by the institutional PCM to summarize information gathered through the institutional PREA committee. The departmental PREA Coordinator will prepare an annual report of the findings and corrective actions for each facility, as well as the agency as a whole. The final report will be routed through the chain of command to the agency Secretary for review and approval, once it is approved the report will be forwarded to the Office of Public and Employee Communication for placement on the CDCR Website.

DOM section 54040.19 states that CDCR shall aggregate the incident-based data at least annually, reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual violence and staff sexual misconduct. The report shall be approved the CDCR Secretary and made available to the public through the CDCR website. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility; however, the report must indicate the nature of the material redacted.

The current 2016 Annual report is located at: <https://www.cdcr.ca.gov/PREA/docs/Annual-Report-2016.pdf> which includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DOM Section 54040.20 CDCR shall ensure that all PREA data collected are securely retained. All aggregated PREA data, from facilities under CDCR's direct control and private facilities with which it contracts, shall be made readily available to the public at least annually through the CDCR website. Before making aggregated PREA data publicly available, all personal identifiers shall be removed. PREA data collected shall be maintained for 10 years after the date of the initial collection. The CDCR website where the annual report can be located at <https://www.cdcr.ca.gov/PREA/docs/Annual-Report-2016.pdf>.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard is rated as a "meets standard" based on clarification received from the PRC. This new addition to the "Audit Report" format did not consider agencies who provided Governor Assurances in the First Cycle of PREA audits. The PRC staff and the DOJ Attorney indicated that agencies shall not be penalized for not fully participating or completing the first cycle

of PREA audits. This clarification required that CDCR and CRC be judged pursuant to their progress for compliance in the Second Cycle of PREA audits. CDCR has in previous years submitted Governor Assurances and is currently working to ensure that one third of their facilities are audited in the first year of the Second Cycle of PREA audits. This commitment by CDCR was reiterated and confirmed during interviews with the Director and the PREA Coordinator.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes
☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CDCR has submitted Governor Assurances and California is working to ensure that one third for their facilities are audited in the first year of the Second Cycle of PREA audits. The completed CDCR PREA Audit reports are located at the CDCR website at <http://www.cdcr.ca.gov/PREA/Reports-Audits.html>.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cheyenne Evans

February 5, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.